

Placement Application Form

On returning this form you will be put onto the waiting list, if there is not any space available at that time. You will be contacted as soon as possible when a space does become available.

Parents Name _____

Child's Due Date (if not yet born) _____

Child's Name _____

Child's Date of Birth _____

Address _____

_____ Post Code _____

Telephone _____

E-mail _____

Availability Requested

*Please tick the days or sessions you will require for your child.

*Minimum of 2 sessions per week (1 Full day or varying am or pm sessions)

	<u>7.30 - 6</u>		<u>7.30 - 1</u>		<u>1 - 6</u>	
<u>Monday</u>	Full Day		Morning		Afternoon	
<u>Tuesday</u>	Full Day		Morning		Afternoon	
<u>Wednesday</u>	Full Day		Morning		Afternoon	
<u>Thursday</u>	Full Day		Morning		Afternoon	
<u>Friday</u>	Full Day		Morning		Afternoon	

Anticipated Start Date _____

Signed _____ Date _____

Signed _____ Date _____

Please note

Returning this form does not guarantee a space within the nursery.
Please do not send any money until advised to do so.